This report is completed in addition to the regular “Visit Report: Parent – Child Visit” form (DSHS 15-448) for the duration of Supported Visits.

### PROVIDER AND INDIVIDUAL SUPERVISING VISIT

### VISIT LOCATION, DATE AND TIME

### Visit Participants (identify name and relationship to parent):

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
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### Pre-Meet

- Discussed the purpose and benefits of visits
- Discussed ways to support child when difficult emotions and questions arise
- Reviewed visit plan
- Identified activities
- Other:

### De-Brief

Please identify what was discussed during debrief being sure to document both strengths and concerns. Please note if the parent tried a new activity or strategy.

### Additional Supports (Transportation, Activities, Meals / Snacks)

- Transportation support
- Bus or transit pass
- Gas card
- Meals / snacks
- Activity cost / fees (for example, games, books, etc.)

### Parent Comments

This space is for parents to provide comments on how they felt about their visit. Encourage parents to identify how they feel about any new activities or strategies they used in their visit.